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NEWS	6	MAY 11	KOREAPAT updates resume
NEWS	7	MAY 19	Derwent World Patents Index to be reloaded and enhanced
NEWS	8	MAY 30	IPC 8 Rolled-up Core codes added to CA/CAplus and USPATFULL/USPAT2
NEWS	9	MAY 30	The F-Term thesaurus is now available in CA/CAplus
NEWS	10	JUN 02	The first reclassification of IPC codes now complete in INPADOC
NEWS	11	JUN 26	TULSA/TULSA2 reloaded and enhanced with new search and and display fields
NEWS	12	JUN 28	Price changes in full-text patent databases EPFULL and PCTFULL
NEWS	13	JUl 07	Coverage of Research Disclosure reinstated in DWPI
NEWS	14	JUl 11	CHEMSAFE reloaded and enhanced
NEWS	15	JUl 14	FSTA enhanced with Japanese patents

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novastan or steptokinase or streptase or ticlopidine or ticlid or reteplase or
retavase or alteplase
1 PLAVIX
1 ABCIXIMAB
1 REOPRO
2 FONDAPARINUX
1 ARIXTRA
5 ARGATROBAN
1 NOVASTAN
0 STEPTOKINASE
1 STREPTASE
5 TICLOPIDINE
1 TICLID
1 RETEPLASE
1 RETAVASE
1 ALTEPLASE
L1 17 PLAVIX OR ABCIXIMAB OR REOPRO OR FONDAPARINUX OR ARIXTRA OR
ARGATROBAN OR NOVASTAN OR STEPTOKINASE OR STREPTASE OR TICLOPIDI
NE OR TICLID OR RETEPLASE OR RETAVASE OR ALTEPLASE

=> s activase or tenecteplase or tnkase or eptifibatide or interfrilin or
tinzaparin or innohep or lepirudin or fefludan or dalteparin or fragmin
61 ACTIVASE
1 TENECTEPLASE
1 TNKASE
1 EPTIFIBATIDE
0 INTERFRILIN
2 TINZAPARIN
0 INNOHEP
1 LEPIRUDIN
0 FEFLUDAN
2 DALTEPARIN
9 FRAGMIN
L2 73 ACTIVASE OR TENECTEPLASE OR TNKASE OR EPTIFIBATIDE OR INTERFRILI
N OR TINZAPARIN OR INNOHEP OR LEPIRUDIN OR FEFLUDAN OR DALTEPARI
N OR FRAGMIN

=> s dipyridamole or aggrenox or antithrombin iii human or trombate 3 or anagrelide
or agrylin or cilostazol or pletal or tirofiban or aggrastat or pentoxifyline
5 DIPYRIDAMOLE

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          1 AGGRENOX
        198 ANTITHROMBIN
      34837 III
          7 IIIS
      34843 III
              (III OR IIIS)
    4990366 HUMAN
       6505 HUMANS
    4996870 HUMAN
              (HUMAN OR HUMANS)
          3 ANTITHROMBIN III HUMAN
              (ANTITHROMBIN(W)III(W)HUMAN)
          0 TROMBATE
   16483642 3
          0 TROMBATE 3
              (TROMBATE(W)3)
          3 ANAGRELIDE
          1 AGRYLIN
          2 CILOSTAZOL
          1 PLETAL
          3 TIROFIBAN
          1 AGGRASTAT
          0 PENTOXIFYLINE
L3       17 DIPYRIDAMOLE OR AGGRENOX OR ANTITHROMBIN III HUMAN OR TROMBATE
             3 OR ANAGRELIDE OR AGRYLIN OR CILOSTAZOL OR PLETAL OR TIROFIBAN
            OR AGGRASTAT OR PENTOXIFYLINE

=> s trental or warfarin or coumadin or danaparoid or orgaran or bivalirudin or
angiomax or fondaparinux or organon or ancrod or viprinex
          1 TRENTAL
         74 WARFARIN
          1 COUMADIN
          1 DANAPAROID
          1 ORGARAN
          1 BIVALIRUDIN
          1 ANGIOMAX
          2 FONDAPARINUX
          2 ORGANON
          8 ANCROD
          1 VIPRINEX
L4       89 TRENTAL OR WARFARIN OR COUMADIN OR DANAPAROID OR ORGARAN OR
             BIVALIRUDIN OR ANGIOMAX OR FONDAPARINUX OR ORGANON OR ANCROD OR
            VIPRINEX

=> s epoprostenol or flolan or cangrelor or ximelagatran
          2 EPOPROSTENOL
          1 FLOLAN
          2 CANGRELOR
          1 XIMELAGATRAN
L5        5 EPOPROSTENOL OR FLOLAN OR CANGRELOR OR XIMELAGATRAN

=> s l2 or l3 or l4 or l5
L6      184 L2 OR L3 OR L4 OR L5

=> s l6 or plavix or sr 25909
          1 PLAVIX
      73290 SR
         45 SRS
      73332 SR
              (SR OR SRS)
         72 25909
          1 SR 25909
              (SR(W)25909)
L7      186 L6 OR PLAVIX OR SR 25909
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FULL ESTIMATED COST                                     274.40     274.61

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=> s l7
L8      273407 L7

=> s l8 and (radiation or taxotere or radiosensitizing)
L9        2345 L8 AND (RADIATION OR TAXOTERE OR RADIOSENSITIZING)

=> s l9 and plavix
L10         19 L9 AND PLAVIX

=> dup rem l10
PROCESSING COMPLETED FOR L10
L11         19 DUP REM L10 (0 DUPLICATES REMOVED)

=> focus
PROCESSING COMPLETED FOR L11
L12         19 FOCUS L11 1-

=> d ibib abs 1-19

L12  ANSWER 1 OF 19  CAPLUS  COPYRIGHT 2006 ACS on STN
ACCESSION NUMBER:        2004:759809  CAPLUS
DOCUMENT NUMBER:         141:271543
TITLE:                   Methods of treating and preventing proliferative
                         disease with antiplatelet or anticlotting agent in
                         combination with antineoplastic agent and/or
                         radiation therapy
INVENTOR(S):             Dicker, Adam P.; Burd, Randy; Sidhu, Kulbir
PATENT ASSIGNEE(S):      Technology Center, USA
SOURCE:                  U.S. Pat. Appl. Publ., 16 pp.
                         CODEN: USXXCO
DOCUMENT TYPE:           Patent
LANGUAGE:                English
FAMILY ACC. NUM. COUNT:  1
PATENT INFORMATION:

     PATENT NO.          KIND   DATE        APPLICATION NO.         DATE
     --------------      ----   --------    --------------------    --------
     US 2004180812        A1    20040916    US 2003-737360          20031215
PRIORITY APPLN. INFO.:                      US 2002-433471P     P   20021213
AB   The present invention provides methods of treating proliferative disease
     in a patient (e.g., a mammal such as a human) in need of such treatment,
     said treatment comprising administering, concurrently or sequentially, an
     effective amount of (1) an anti-platelet or anti-clotting agent and (2) an
     anti-neoplastic agent and/or radiation therapy.  A second method
     of treatment comprises administering Plavix, also known as
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clopidogrel, or SR 25909 to a patient in need of such treatment. An addnl. method comprises administering an anti-platelet or anti-clotting agent to an individual at risk for developing proliferative disease. The methods of the present invention are particularly useful for the treatment or prevention of various cancers, especially epithelial cancers, e.g., prostate cancer, lung cancer, breast cancer, colorectal cancer, and pancreatic cancer. In preferred embodiments, the anti-platelet agent is combined with one of the following antineoplastic agents: taxotere, gemcitabine, paclitaxel (Taxol), 5-Fluorouracil (5-FU), cyclophosphamide (Cytoxan), temozolomide, or Vincristine. Treatment of human U87 gliobastoma tumor xenografts in mice with Plavix alone resulted in a 5 day tumor growth delay (TGD). Treatment of the tumors with X-ray radiation increased the TGD to 12 days, while treatment with radiation and Plavix combined increased the TGD to 16 days (4 days more than radiation alone).

L12 ANSWER 2 OF 19 EMBASE

ACCESSION NUMBER: 2005447747 EMBASE

TITLE: Intracoronary radiation therapy using a novel beta emitter for in-stent restenosis: Tungsten WRIST.

AUTHOR: Dilcher C.; Satler L.F.; Pichard A.D.; Kent K.M.; Porrazzo M.; Chan R.; Torguson R.; Canos D.A.; Waksman R.

CORPORATE SOURCE: R. Waksman, Division of Cardiology, Washington Hospital Center, Washington, DC, United States. ron.waksman@medstar.net

SOURCE: Cardiovascular Revascularization Medicine, (2005) Vol. 6, No. 2, pp. 52-57. .
Refs: 20
ISSN: 1553-8389

PUBLISHER IDENT.: S 1553-8389(05)00029-1
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 006 Internal Medicine
014 Radiology
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 3 Nov 2005
Last Updated on STN: 3 Nov 2005

AB Background: Intracoronary β- radiation therapy reduces in-stent restenosis (ISR). We aimed to determine the safety and feasibility of intracoronary radiation therapy (IRT) utilizing tungsten ((188)W), a beta emitter. Methods: A total of 30 patients with angiographic evidence of ISR in a previously treated native coronary artery underwent percutaneous coronary intervention (PCI; balloon angioplasty, ablation by atherectomy, or laser angioplasty). After the intervention, a noncentered delivery catheter with a side guide 0.014-in. wire carrying a tungsten ((188)W) coil, with an active length of 33 mm, was inserted. Patients were randomized to a radiation dose of 18, 22, or 25 Gy at 2 mm from the center of the source. Aspirin and Plavix, at 300 mg loading dose, were administered prior to intervention. Plavix 75 mg/day was prescribed for 6 months after the procedure. Results: At 6 months follow-up, the overall binary angiographic restenosis rate was 18.8%. Target vessel revascularization (TVR) was 23% and target lesion revascularization related major adverse cardiac events (TLR-MACE) was 13.3%, without any intergroup differences. A comparison with the original Washington Radiation for In-stent restenosis Trial (WRIST) radiation cohort utilizing an (192)Iridium source (prescription dose 15 Gy at 2 mm from the source) showed similar TVR and TLR-MACE rates of 30% and 18%, respectively. The TVR and TLR-MACE rates in the WRIST placebo cohort were 70% and 66%, respectively. Conclusions: Vascular brachytherapy with tungsten ((188)W)

is feasible and safe. The 6-month clinical outcomes are similar to the original WRIST radiation group. .COPYRGT. 2005 Elsevier Inc. All rights reserved.

L12 ANSWER 3 OF 19 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN
ACCESSION NUMBER: 2001:154502 BIOSIS
DOCUMENT NUMBER: PREV200100154502
TITLE: Is 6 months of Plavix enough to prevent late total occlusion after gamma radiation for in-stent restenosis?.
AUTHOR(S): Waksman, Ron [Reprint author]; Ajani, Andrew E. [Reprint author]; Kim, Han-Soo [Reprint author]; Mehran, Roxana [Reprint author]; Lansky, Alexandra J. [Reprint author]; Deible, Regina [Reprint author]; Taaffe, Maeve [Reprint author]; Mintz, Gary S. [Reprint author]; Satler, Lowell F. [Reprint author]; Kent, Kenneth M. [Reprint author]; Pichard, Augusto D. [Reprint author]
CORPORATE SOURCE: Washington Hospital Center, Washington, DC, USA
SOURCE: Journal of the American College of Cardiology, (February, 2001) Vol. 37, No. 2 Supplement A, pp. 14A. print. Meeting Info.: 50th Annual Scientific Session of the American College of Cardiology. Orlando, Florida, USA. March 18-21, 2001. American College of Cardiology. CODEN: JACCDI. ISSN: 0735-1097.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
Conference; (Meeting Poster)
LANGUAGE: English
ENTRY DATE: Entered STN: 28 Mar 2001
Last Updated on STN: 15 Feb 2002

L12 ANSWER 4 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2005143572 EMBASE
TITLE: External beam radiation therapy reduces the rate of re-stenosis in patients treated with femoral stenting: Results of a randomised study.
AUTHOR: Zabakis P.; Kardamakis D.M.; Siablis D.; Kalogeropoulou C.; Karnabatidis D.; Malatara G.; Dimopoulos I.A.
CORPORATE SOURCE: D.M. Kardamakis, Department of Radiotherapy, University of Patras Medical School, 265 00 Patras, Greece
SOURCE: Radiotherapy and Oncology, (2005) Vol. 74, No. 1, pp. 11-16. .
Refs: 36
ISSN: 0167-8140 CODEN: RAONDT
COUNTRY: Ireland
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 014 Radiology
018 Cardiovascular Diseases and Cardiovascular Surgery
027 Biophysics, Bioengineering and Medical Instrumentation
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 21 Apr 2005
Last Updated on STN: 21 Apr 2005
AB Background and purpose: To evaluate the feasibility and efficacy of external beam irradiation (EBI) for the prevention of re-stenosis due to neointimal hyperplasia, after percutaneous transluminal angioplasty (PTA) and stent placement of the superficial femoral artery. Patients and methods: A total of 60 patients with the diagnosis of superficial femoral artery stenoses or occlusions due to peripheral arterial obstructive disease underwent PTA and implantation of a self-expandable stent at their superficial femoral artery. After the procedure, patients were randomised

and 30 of them received EBI (6 MV photons, total dose 24 Gy in six fractions in 2 weeks), while the rest 30 received no radiation therapy. Results: EBI was technically feasible in all patients, without serious radiation related side effects. Overall, a statistically significant difference was observed in stenosis categories between the two groups at 6 months follow-up (P=0.04). More specifically, significantly more patients in the control group presented with stenosis greater or equal than 70% [EBI group 30% (9/30); control group 66.7% (20/30); P=0.009]. This difference in the percentage of re-stenosis had as a consequence significantly lower re-intervention rates among the patients of the irradiated group [17% (5/30) versus 47% (14/30); P=0.025] during the 6 months follow-up period. We also observed that the irradiated patients had re-stenosis at the stent ends, while the non-irradiated had re-stenosis at the stent ends and the lumen. Three of the irradiated patients, who discontinued the anti-platelet treatment, have shown thrombosis of the irradiated artery during the first month from the completion of the treatment. Conclusions: It is our belief that EBI is a feasible, safe and effective method for the prevention of neointimal hyperplasia at the superficial femoral artery. Further studies are deemed necessary to optimise the radiotherapy schedule.

L12 ANSWER 5 OF 19 EMBASE

ACCESSION NUMBER: 1999296675 EMBASE
TITLE: Interventional cardiology: Advances in percutaneous techniques for the treatment of cardiac disease.
AUTHOR: Chambers C.E.; Riebel S.T.; Kozak M.
CORPORATE SOURCE: Dr. C.E. Chambers, Cardiology Division, M.S. Hershey Medical Center, 500 University Drive, Hershey, PA 17033, United States
SOURCE: Seminars in Cardiothoracic and Vascular Anesthesia, (1999) Vol. 3, No. 2, pp. 109-125. .
Refs: 73
ISSN: 1089-2532 CODEN: SCVAFI
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 10 Sep 1999
Last Updated on STN: 10 Sep 1999

AB The field of interventional cardiology began in the late 1970s and consisted primarily of balloon catheter angioplasty until the early 1990s. Although understanding of the process of coronary angioplasty has evolved significantly, restenosis still remains the Achilles' heel of the interventional cardiologist. This article reviews the current issues involved in interventional cardiology for coronary disease from patient selection, anticoagulant therapy, restenosis, current interventional devices (stent mania), and future devices (intracoronary radiation). Noncoronary interventional procedures, valvuloplasty, and atrial septal defect closure are also reviewed to provide an overview of cardiac interventional procedures for the anesthesiologist.

L12 ANSWER 6 OF 19 BIOSIS

ACCESSION NUMBER: 2001:105397 BIOSIS
DOCUMENT NUMBER: PREV200100105397
TITLE: Prolonged antiplatelet therapy to reduce late thrombosis after intracoronary gamma radiation in patients with in-stent restenosis: "Plavix Wrist".
AUTHOR(S): Waksman, Ron [Reprint author]; Bhargava, Balram [Reprint author]; Taaffe, Maeve [Reprint author]; White, R. Lawrence

[Reprint author]; Satler, Lowell F. [Reprint author]; Mehran, Roxanna; Kent, Kenneth M.; Pichard, Augusto D.; Elsayyad, Sayed; Okubagzi, Petros; Lansky, Alexandra J.; Nigoita, Manuela
CORPORATE SOURCE: Washington Hosp Ctr, Washington, DC, USA
SOURCE: Circulation, (October 31, 2000) Vol. 102, No. 18 Supplement, pp. II.570. print.
Meeting Info.: Abstracts from American Heart Association Scientific Sessions 2000. New Orleans, Louisiana, USA. November 12-15, 2000. American Heart Association.
CODEN: CIRCAZ. ISSN: 0009-7322.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 28 Feb 2001
Last Updated on STN: 15 Feb 2002

L12 ANSWER 7 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2004057631 EMBASE
TITLE: Coronary Artery Pseudoaneurysm after Balloon Angioplasty and Intracoronary β- Radiation for In-Stent Restenosis.
AUTHOR: Dixon S.R.; Grines C.L.; Safian R.D.
CORPORATE SOURCE: Dr. R.D. Safian, Division of Cardiology, William Beaumont Hospital, 3601 West 13 Mile Road, Royal Oak, MI 48073, United States. rsafian@beaumont.edu
SOURCE: Catheterization and Cardiovascular Interventions, (2004) Vol. 61, No. 2, pp. 214-216. .
Refs: 8
ISSN: 1522-1946 CODEN: CARIF2
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 014 Radiology
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 26 Feb 2004
Last Updated on STN: 26 Feb 2004
AB Intracoronary brachytherapy is an effective method for treating in-stent restenosis. We report a case of coronary artery pseudoaneurysm after balloon angioplasty and intracoronary β- radiation. The pseudoaneurysm was treated successfully with implantation of two coronary stent grafts. .COPYRGT. 2004 Wiley-Liss, Inc.

L12 ANSWER 8 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2003231481 EMBASE
TITLE: Mechanisms and methods to resolve edge effect.
AUTHOR: Kuchulakanti P.; Lew R.; Waksman R.
CORPORATE SOURCE: Dr. R. Waksman, Division of Cardiology, Washington Hospital Center, 110 Irving St., NW, Washington, DC 20010, United States. ron.waksman@medstar.net
SOURCE: Journal of Invasive Cardiology, (1 Jun 2003) Vol. 15, No. 6, pp. 363-365. .
Refs: 19
ISSN: 1042-3931 CODEN: JOCAFA
COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 018 Cardiovascular Diseases and Cardiovascular Surgery
023 Nuclear Medicine
027 Biophysics, Bioengineering and Medical Instrumentation

037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 26 Jun 2003
Last Updated on STN: 26 Jun 2003
AB Vascular brachytherapy (VBT) has established itself as a viable modality to treat in-stent restenosis (ISR). The problems associated with VBT have been understood well and remedied. Late thrombosis has been overcome to a great extent by prolonged antiplatelet therapy. Edge effect is another important limitation of VBT and is due to inadequate radiation coverage of the edges following VBT. It may be overcome by confining injury to the lesion segment and extending the radiation sources by a few millimeters from the injured segment.

L12 ANSWER 9 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 1999317537 EMBASE
TITLE: [Activities of the CPMP].
AKTIVITATEN DES CPMP.
AUTHOR: Throm S.
CORPORATE SOURCE: Dr. S. Throm, VFA, Leiter Produktion, Qualitat und Umwelt, Johanna-Kinkel-Str. 2-4, D-53175 Bonn, Germany
SOURCE: Pharmazeutische Industrie, (1999) Vol. 61, No. 8, pp. 682-685. .
ISSN: 0031-711X CODEN: PHINAN
COUNTRY: Germany
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 037 Drug Literature Index
039 Pharmacy
LANGUAGE: German
ENTRY DATE: Entered STN: 27 Sep 1999
Last Updated on STN: 27 Sep 1999
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L12 ANSWER 10 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2003518157 EMBASE
TITLE: Carotid Artery Stenting in a Community Setting: Experience Outside of a Clinical Trial.
AUTHOR: Bush R.L.; Lin P.H.; Bianco C.C.; Lawhorn T.I.; Hurt J.E.; Lumsden A.B.
CORPORATE SOURCE: Dr. R.L. Bush, Michael E. DeBakey Dept. of Surgery, Baylor College of Medicine, 6550 Fannin, Houston, TX 77030, United States. rbush@bcm.tmc.edu
SOURCE: Annals of Vascular Surgery, (2003) Vol. 17, No. 6, pp. 629-634. .
Refs: 27
ISSN: 0890-5096 CODEN: AVSUEV
COUNTRY: United States
DOCUMENT TYPE: Journal; Conference Article
FILE SEGMENT: 009 Surgery
027 Biophysics, Bioengineering and Medical Instrumentation
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 22 Jan 2004
Last Updated on STN: 22 Jan 2004
AB Carotid artery angioplasty and stenting (CAS) currently represents a less invasive percutaneous alternative to conventional endarterectomy for the treatment of carotid occlusive disease. We report here the results and complication rates of CAS performed by a team of interventionalists at a non-clinical trial center utilizing a standardized CAS protocol. CAS was attempted in 51 arteries in 48 patients (mean age 71 ± 9 years, range

53-90). Fifteen (29%) of 48 patients were symptomatic. Indications for CAS were previous ipsilateral endarterectomy (15/51, 29%), previous neck radiation therapy (1/51, 2%), or significant coronary artery disease (30/51, 59%). SMART® stents were deployed via percutaneous femoral artery access, with anticoagulation (heparin, abciximab, aspirin, clopidogrel) and temporary transvenous cardiac pacemakers employed in all patients. Neuroprotection was not used. Neurological examination and duplex scans were performed in follow-up. CAS was successfully performed in 96% of cases (49 lesions/46 patients) with angiographic stenoses of 88 ± 8%. Neurological complications included one (2%) minor stroke that occurred 12 hr after CAS. There were no periprocedural mortalities. Clinically significant bradycardia or asystole occurred in 11/49 (22%) procedures, necessitating short-term ventricular pacing. All stented vessels remained patent during 12.2 ± 10.1 (range 1-37) months follow-up period. One asymptomatic restenosis (>70%) occurred at 3 months, which was successfully reangioplastied; we thus had 1-year angiographic restenosis rate of 2%. Patients selected for CAS may represent a subset of patients with carotid disease who have considerable comorbidities or unfavorable anatomy compared to those undergoing conventional endarterectomy. CAS may be performed safely outside of a clinical trial with results similar to those of published series from trial centers using a standardized protocol.

L12 ANSWER 11 OF 19 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on STN

ACCESSION NUMBER: 2006:208707 BIOSIS
DOCUMENT NUMBER: PREV200600210436
TITLE: The utility of second look colonoscopy in the setting of new or recurrent gastrointestinal bleeding: a predictive model.
AUTHOR(S): Nguyen, Cuong C. I; Dionisio, Paula; Crowell, Michael D.; Sharma, Virender; Norris, Tracy
SOURCE: Gastroenterology, (APR 2005) Vol. 128, No. 4, Suppl. 2, pp. A284.
Meeting Info.: Annual Meeting of the American-Gastroenterological-Association/Digestive-Disease-Week. Chicago, IL, USA. May 14 -19, 2005. Amer Gastroenterol Assoc.
CODEN: GASTAB. ISSN: 0016-5085.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 29 Mar 2006
Last Updated on STN: 29 Mar 2006

AB Purpose: It is not uncommon for patients to undergo > 1 colonoscopy (C) because of new/recurrent GI bleeding. However, the yield for the second endoscopic examination is unclear. The aim of this study was to determine the utility of a second C within the same calendar year and to make a statistical predictive model for this procedure in patients with new or persistent GI bleeding.Methods: Patients at a teaching hospital undergoing more than 1 C from 01/02 to 09/03 were identified from CORI database, Data on demographics, signs/symptoms of bleeding, comorbid conditions, risk factors, additional endoscopies, presenting hemodynamics, findings on colonoscopy, and any interventions were analyzed using Chi-square for categorical variables and t-tests for continuous variables. Logistic regression was performed to evaluate the ability of a subset of these factors to predict the need for follow up interventions.Results: Of 535 eligible pis with multiple endoscopies, 39 (M = 26, 69.5 +/- 5.9 yrs; F = 13, 67.4 +/- 16.8 yrs) had > 1 C within one year for GI bleeding. Presenting sx were hematochezia (35), melena (8), Fe-def anemia (6), heme + stools (5), and hematemesis (1). 17 patients were on ASA; 4, warfarin 3, NSAIDS 2, cox-2 2, Aggrenox and 2, Plavix. Comorbidities were: hx radiation Rx (5, past colon cancer (3), past PUD (3), CHF (3), abnormal LFT's (2), CRT (2), and myelodysplasia

(1).Endoscopic/surgical intervention was required in 9/39 (24%) of patients following the 2(nd) colonoscopy, due to polyps/cancer (33%), vascular lesions (33%), and ischemia (11%). Potential risk factors for interventions were: transfusion (77%), Delta hct > 3% (78%), hypotension (20%), NSAID (67%), age and gender. Logistic regression yielded a best fit model (X-2 = 10.15, p = 0. 18) comprising of age (RR = 1.13, 1.01-1.26), gender (RR = 10.77, 0.90-128.22), NSAID (RR=0.39 0.05-3.30), and transfusion (RR=0.80 0.09-7.59). Older age and male gender constituted the primary predictor variables for interventions. This model correctly classified patients groups at an overall rate of 84% with a negative predictive value of 93% and a positive predictive value of 60%.Conclusion: In our population, 240/6 of patients undergoing repeat colonoscopy for new/ recurrent GI bleed required further endoscopic/surgical intervention. A model using data available on admission was found helpful in selecting patients in whom the yield for repeat colonoscopy was low. Confirmation with a larger study is indicated.

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ACCESSION NUMBER: 2004247838 EMBASE

TITLE: Reevaluation of temporary transvenous cardiac pacemaker usage during carotid angioplasty and stenting: A safe and valuable adjunct.

AUTHOR: Bush R.L.; Lin P.H.; Bianco C.C.; Hurt J.E.; Lawhorn T.I.; Lumsden A.B.

CORPORATE SOURCE: Dr. R.L. Bush, Michael E. DeBakey Dept. of Surgery, Baylor College of Medicine, 6550 Fannin, Houston, TX 77030, United States. rbush@bcm.tmc.edu

SOURCE: Vascular and Endovascular Surgery, (2004) Vol. 38, No. 3, pp. 229-235. .
Refs: 16
ISSN: 1538-5744 CODEN: VESAAB

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 014 Radiology
018 Cardiovascular Diseases and Cardiovascular Surgery
027 Biophysics, Bioengineering and Medical Instrumentation
037 Drug Literature Index

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 1 Jul 2004
Last Updated on STN: 1 Jul 2004

AB Although many current series document the safety of carotid angioplasty and stenting procedures (CAS), several acknowledge clinically significant hemodynamic disturbances in 25-71% of patients. We report herein the safety and efficacy of prophylactic percutaneous temporary transvenous cardiac pacemaker insertion during CAS for the prevention of hemodynamic changes. At a community-based institution, 48 patients undergoing 51 attempted CAS procedures from March 1999 to August 2002 for carotid artery occlusive disease were retrospectively reviewed. Thirty-one percent of patients had procedures performed for either recurrent disease or a history of neck radiation; 62.5% had significant coronary disease. Temporary transvenous pacemakers were inserted as an adjunctive procedure in the authors' CAS protocol. The pacers were set to capture a heart rate decrease below 60 beats per minute. Demographics, cardiac risk, and outcomes were analyzed. CAS was successfully performed in 96% (49 lesions). In the intent-to-treat group, the patients had a mean age of 71 ±9 years and angiographic stenoses of 88 ±8%, with 29% having symptomatic lesions. Significant bradycardia or asystole to trigger ventricular pacing occurred in 11 (22%) procedures, thus, triggering ventricular pacing. Pharmacologic support for concomitant hypotension was temporarily necessary in only 4 (8%) cases. No patient required prolonged

pacing or medication therapy following CAS. Neither presence of carotid-related symptoms nor disease etiology was related to need for intraprocedural pacing. Furthermore, there was no occurrence of pacemaker failure or other complication secondary to venous catheterization. Hemodynamic changes may occur during mechanical dilation of the carotid artery and bulb, with reports in the literature of the need for prolonged pharmacologic support. In selected patients, the prophylactic placement of a transvenous pacemaker is a safe, feasible, and expeditious method to treat periprocedural hemodynamic changes with a decrease in additional pharmacologic support during CAS.

L12 ANSWER 13 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2001101954 EMBASE
TITLE: [Activities of the CPMP].
AKTIVITATEN DES CPMP.
AUTHOR: Throm S.
CORPORATE SOURCE: Dr. S. Throm, VFA - Verband Forschender, Arzneimittelhersteller e.V., Produktion, Qualitat und Umwelt, Hausvogteiplatz 13, 10117 Berlin, Germany. s.throm@vfa.de
SOURCE: Pharmazeutische Industrie, (2001) Vol. 63, No. 2, pp. 138-145. .
ISSN: 0031-711X CODEN: PHINAN
COUNTRY: Germany
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 037 Drug Literature Index
LANGUAGE: German
ENTRY DATE: Entered STN: 6 Apr 2001
Last Updated on STN: 6 Apr 2001
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L12 ANSWER 14 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2005516173 EMBASE
TITLE: [Report from France].
BERICHT AUS FRANKREICH.
AUTHOR: Bernhard M.
CORPORATE SOURCE: M. Bernhard, 105 rue de Mazurette, 80120 Favieres, France. marlene.bernhard@free.fr
SOURCE: Pharmazeutische Industrie, (2005) Vol. 67, No. 10, pp. 1173-1176. .
ISSN: 0031-711X CODEN: PHINAN
COUNTRY: Germany
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 037 Drug Literature Index
039 Pharmacy
LANGUAGE: German
ENTRY DATE: Entered STN: 29 Dec 2005
Last Updated on STN: 29 Dec 2005
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L12 ANSWER 15 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2003415061 EMBASE
TITLE: Globalization and the pharmaceutical industry revisited.
AUTHOR: Busfield J.
CORPORATE SOURCE: Prof. J. Busfield, Department of Sociology, University of Essex, Wivenhoe Park, Colchester, Essex CO4 3SQ, United Kingdom. busfj@essex.ac.uk
SOURCE: International Journal of Health Services, (2003) Vol. 33, No. 3, pp. 581-605. .
Refs: 32
ISSN: 0020-7314 CODEN: IJHSC6

COUNTRY: United States
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 036 Health Policy, Economics and Management
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 30 Oct 2003
Last Updated on STN: 30 Oct 2003

AB This survey of the pharmaceutical industry at the beginning of the 21st century updates some of the information provided in Claudio Tarabusi and Graham Vickery's survey, "Globalization in the Pharmaceutical Industry," published in the International Journal of Health Services in 1998, which was largely based on data up to 1993. However, the purpose of the present article differs from that of Tarabusi and Vickery, which covered a wide range of aspects of the industry relevant to globalization but did not explicitly address the question of the extent to which the industry could be described as globalized. After looking at the industry in some detail, the author directly confronts the question of the appropriateness of the use of the term "globalization" for characterizing the directions in which the pharmaceutical industry has been moving.

L12 ANSWER 16 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2005582476 EMBASE
TITLE: Exposure of brain to high-dose, focused gamma rays irradiation produces increase in leukocytes-adhesion and pavementing in small intracerebral blood vessels: Commentary.
AUTHOR: Kondziolka D.; Boockvarr J.; Gutin P.H.; Friedman W.A.
CORPORATE SOURCE: D. Kondziolka, Pittsburgh, PA, United States
SOURCE: Neurosurgery, (2005) Vol. 57, No. 6, pp. 1287-1288. .
ISSN: 0148-396X CODEN: NRSRDY
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 008 Neurology and Neurosurgery
014 Radiology
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LANGUAGE: English
ENTRY DATE: Entered STN: 2 Feb 2006
Last Updated on STN: 2 Feb 2006
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L12 ANSWER 17 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2002411065 EMBASE
TITLE: [Activities of the CPMP].
AKTIVITATEN DES CPMP.
AUTHOR: Throm S.
CORPORATE SOURCE: Dr. S. Throm, VFA, Geschaftsfuhrer Forsch., Entwicklung, Hausvogteiplatz 13, 10117 Berlin, Germany. s.throm@vfa.de
SOURCE: Pharmazeutische Industrie, (2002) Vol. 64, No. 10, pp. 1034-1041. .
ISSN: 0031-711X CODEN: PHINAN
COUNTRY: Germany
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 006 Internal Medicine
037 Drug Literature Index
LANGUAGE: German
ENTRY DATE: Entered STN: 5 Dec 2002
Last Updated on STN: 5 Dec 2002
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L12 ANSWER 18 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights

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ACCESSION NUMBER: 2002267597 EMBASE
TITLE: Endovascular gamma irradiation of femoropopliteal de novo stenoses immediately after PTA: Interim results of prospective randomized controlled trial.
AUTHOR: Krueger K.; Landwehr P.; Bendel M.; Nolte M.; Stuetzer H.; Bongartz R.; Zaehringer M.; Winnekendonk G.; Gossmann A.; Mueller R.-P.; Lackner K.
CORPORATE SOURCE: Dr. K. Krueger, Department of Radiology, University of Cologne, Joseph-Stelzmann-Strasse, D-50924 Cologne, Germany. karsten.krueger@uni-koeln.de
SOURCE: Radiology, (2002) Vol. 224, No. 2, pp. 519-528. .
Refs: 63
ISSN: 0033-8419 CODEN: RADLAX
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 014 Radiology
018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 15 Aug 2002
Last Updated on STN: 15 Aug 2002

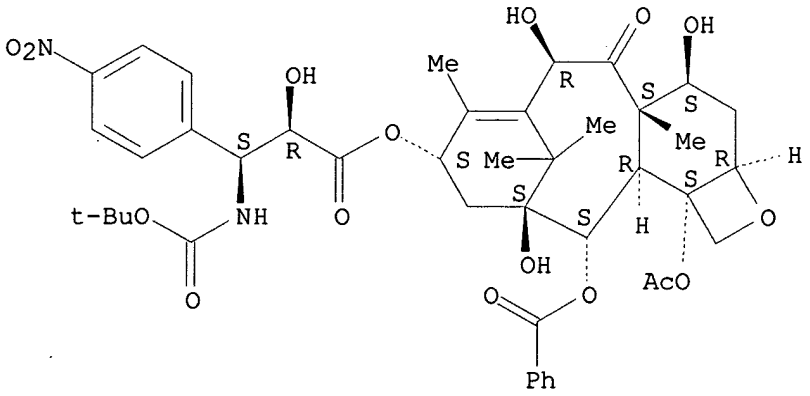
AB PURPOSE: To report an interim analysis of whether centered endovascular irradiation with the iridium 192 ((192)Ir) source immediately after percutaneous transluminal angioplasty (PTA) of de novo femoropopliteal stenoses lowers the restenosis rate. MATERIALS AND METHODS: Thirty patients undergoing PTA to treat femoropopliteal stenoses were randomized for prophylaxis against restenosis with centered endovascular irradiation with a (192)Ir source (a dose of 14 Gy 2 mm deep to the vessel wall, irradiation group) or no irradiation (control group). Angiographic follow-up was available for 22 patients at 6 months (irradiation group, n = 10) and 12 patients at 12 months (irradiation group, n = 6). Duplex sonography, treadmill testing, and interviews were performed the day before and the day after PTA and after 1, 3, 6, 9, and 12 months. Results of angiography, duplex sonography, treadmill testing, and interviews were evaluated with a t test and multivariate analysis of variance (clinical characteristics, x(2) test). RESULTS: Baseline characteristics were comparable in the two groups. Interim analysis of the 6-month follow-up data revealed a trend toward a significantly lower restenosis rate in the irradiation group. The change in the degree of stenosis compared with that after PTA was -14.7% ± 20.8 (mean ± SD) in the irradiation group versus 37.7% ± 27.3 in the control group (P = .001) and became even more marked at 12 months (-9.5% ± 34.5 vs 45.5% ± 40.7 [P = .03], respectively). The follow-up results of treadmill testing and interviews showed a nonsignificant benefit for the irradiation group. One thromboembolic complication occurred during irradiation. No side effects were observed during follow-up. CONCLUSION: Endovascular irradiation with a centered (192)Ir source immediately after PTA of de novo femoropopliteal stenoses reduces the restenosis rate. .COPYRGT. RSNA, 2002.

L12 ANSWER 19 OF 19 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2001185392 EMBASE
TITLE: Edge stenosis after intracoronary radiotherapy angiographic, intravascular, and histological findings.
AUTHOR: Kim H.-S.; Waksman R.; Kollum M.; Bhargava B.; Kent K.M.; Mintz G.S.; Kolodgie F.D.; Virmani R.
CORPORATE SOURCE: Dr. R. Waksman, Cardiovascular Research Institute, 110 Irving St., Washington, DC 20010, United States. rxw8@mhg.edu
SOURCE: Circulation, (1 May 2001) Vol. 103, No. 17, pp. 2219-2220. .
ISSN: 0009-7322 CODEN: CIRCAZ

L13 ANSWER 4 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 186408-26-4 REGISTRY
ED Entered STN: 25 Feb 1997
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-4-nitro-, (2aR,4S,4aS,6R,9S,11S,12S,12aR,12bS)-12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,11-trihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, (αR,βS)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-4-nitro-, 12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,11-trihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4β,4aβ,6β,9α(αR*,βS*),11α,12α,12aα,12bα]]-
OTHER NAMES:
CN p-Nitrophenyltaxotere
CN Taxoltere pnip
FS STEREOSEARCH
MF C43 H52 N2 O16
SR CA
LC STN Files: CA, CAPLUS, TOXCENTER, USPATFULL

Absolute stereochemistry.

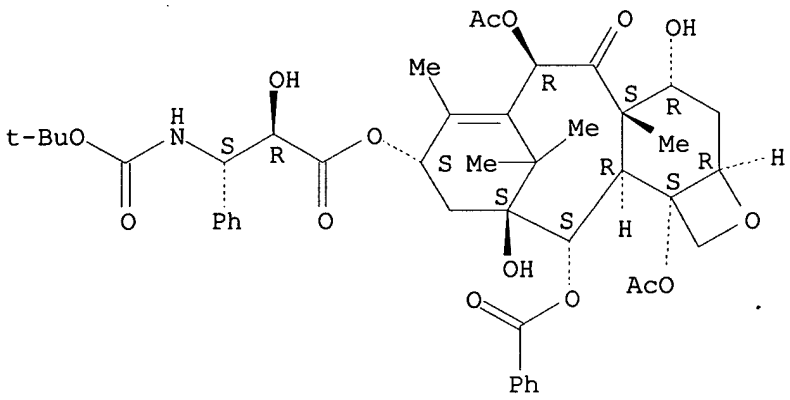


2 REFERENCES IN FILE CA (1907 TO DATE)
2 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L13 ANSWER 5 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 182825-02-1 REGISTRY
ED Entered STN: 07 Nov 1996
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, (2aR,4R,4aS,6R,9S,11S,12S,12aR,12bS)-6,12b-bis(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,11-dihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, (αR,βS)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, 6,12b-bis(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,11-dihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4α,4aβ,6β,9α(αR*,βS*),11α,12α,12aα,12bα]]-

OTHER NAMES:
CN 7-epi-10-Acetyltaxotere
FS STEREOSEARCH
MF C45 H55 N O15
SR CA
LC STN Files: CA, CAPLUS, TOXCENTER, USPATFULL

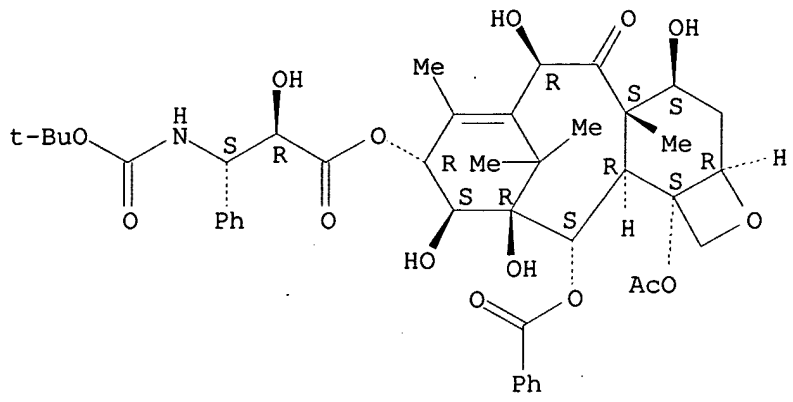
Absolute stereochemistry.



2 REFERENCES IN FILE CA (1907 TO DATE)
2 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L13 ANSWER 6 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 159143-50-7 REGISTRY
ED Entered STN: 23 Nov 1994
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, (2aR,4S,4aS,6R,9R,10S,11R,12S,12aR,12bS)-12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,10,11-tetrahydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, (αR,βS)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 7,11-Methano-1H-cyclodeca[3,4]benz[1,2-b]oxete, benzenepropanoic acid deriv.
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, 12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,10,11-tetrahydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4β,4aβ,6β,9α(αR*,.beta.S*),10β,11α,12α,12aα,12bα]]-
OTHER NAMES:
CN 14β-Hydroxytaxotere
FS STEREOSEARCH
MF C43 H53 N O15
SR CA
LC STN Files: CA, CAPLUS, TOXCENTER, USPATFULL

Absolute stereochemistry.

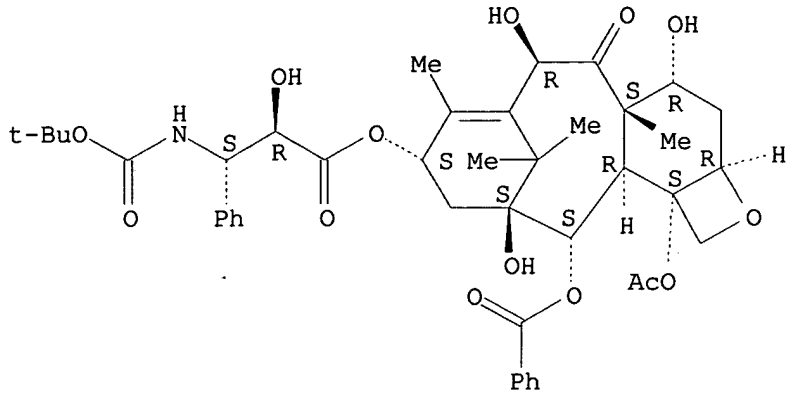


PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

6 REFERENCES IN FILE CA (1907 TO DATE)
6 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L13 ANSWER 7 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 153381-68-1 REGISTRY
ED Entered STN: 03 Mar 1994
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, (2aR,4R,4aS,6R,9S,11S,12S,12aR,12bS)-12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,11-trihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, (αR,βS)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 7,11-Methano-1H-cyclodeca[3,4]benz[1,2-b]oxete, benzenepropanoic acid deriv.
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, 12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,11-trihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4α,4aβ,6β,9α(αR*,βS*),11β,12α,12aα,12bα]]-
OTHER NAMES:
CN 7-Epidocetaxel
CN 7-Epitaxotere
FS STEREOSEARCH
MF C43 H53 N O14
SR CA
LC STN Files: CA, CAPLUS, CASREACT, TOXCENTER

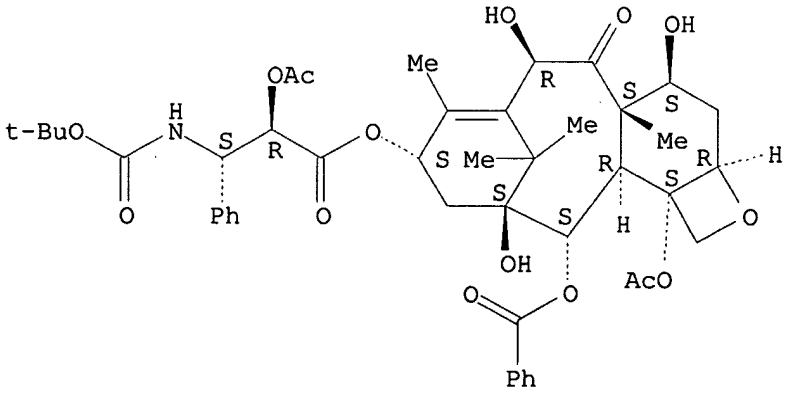
Absolute stereochemistry.



8 REFERENCES IN FILE CA (1907 TO DATE)
8 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L13 ANSWER 8 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 151509-27-2 REGISTRY
ED Entered STN: 01 Dec 1993
CN Benzenepropanoic acid, α-(acetyloxy)-β-[[(1,1-dimethylethoxy)carbonyl]amino]-, (2aR,4S,4aS,6R,9S,11S,12S,12aR,12bS)-12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,11-trihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, (αR,βS)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 7,11-Methano-1H-cyclodeca[3,4]benz[1,2-b]oxete, benzenepropanoic acid deriv.
CN Benzenepropanoic acid, α-(acetyloxy)-β-[[(1,1-dimethylethoxy)carbonyl]amino]-, 12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,11-trihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4β,4aβ,6β,9α(αR*,βS*),11α,12α,12aα,12bα]]-
OTHER NAMES:
CN 2'-Acetyldocetaxel
CN 2'-Acetyltaxotere
FS STEREOSEARCH
MF C45 H55 N O15
SR CA
LC STN Files: CA, CAPLUS, CASREACT, TOXCENTER

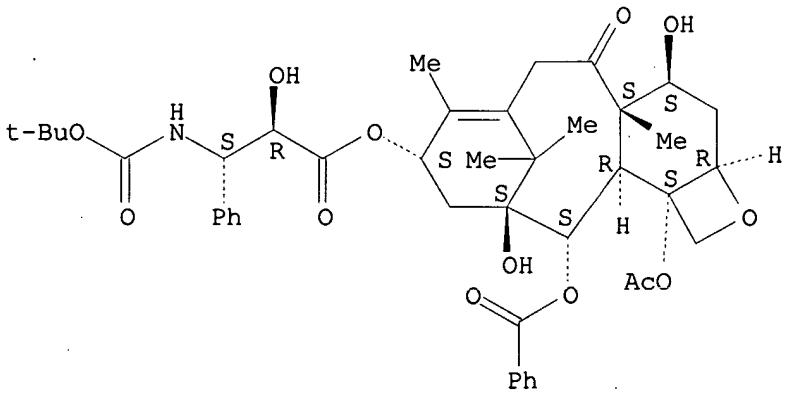
Absolute stereochemistry.



2 REFERENCES IN FILE CA (1907 TO DATE)
2 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L13 ANSWER 9 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 149140-52-3 REGISTRY
ED Entered STN: 05 Aug 1993
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, (2aR,4S,4aS,9S,11S,12S,12aR,12bS)-12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,11-dihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, (αR,βS)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 7,11-Methano-1H-cyclodeca[3,4]benz[1,2-b]oxete, benzenepropanoic acid deriv.
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, 12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,11-dihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4β,4aβ,9α(αR*,βS*),11.alpha.,12α,12aα,12bα]]-
OTHER NAMES:
CN 10-Deoxytaxotere
CN N-Desbenzoyl-N-(tert-butoxycarbonyl)-10-desacetoxytaxol
FS STEREOSEARCH
MF C43 H53 N O13
SR CA
LC STN Files: CA, CAPLUS, CASREACT, TOXCENTER, USPATFULL

Absolute stereochemistry. Rotation (-).



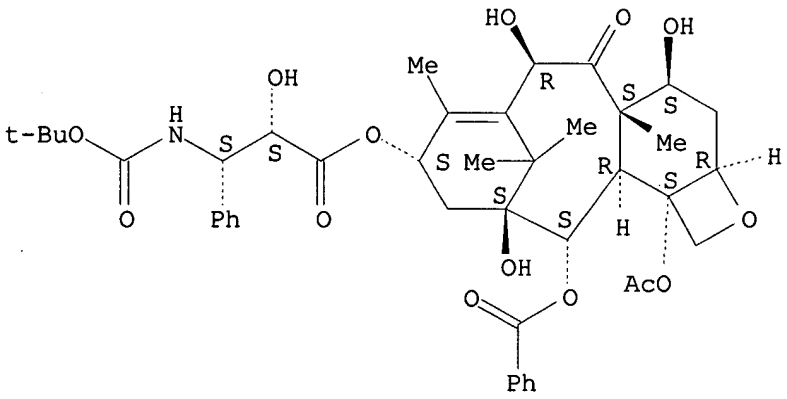
PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

17 REFERENCES IN FILE CA (1907 TO DATE)
17 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L13 ANSWER 10 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 133577-33-0 REGISTRY
ED Entered STN: 03 May 1991
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, (2aR,4S,4aS,6R,9S,11S,12S,12aR,12bS)-12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,11-trihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, (αS,βS)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:

CN 7,11-Methano-1H-cyclodeca[3,4]benz[1,2-b]oxete, benzenepropanoic acid deriv.
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, 12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,11-trihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4β,4aβ,6β,9α(αS*,βS*),11α,12α,12α,12bα]]-
OTHER NAMES:
CN 2'-epi-Taxotere
FS STEREOSEARCH
MF C43 H53 N O14
SR CA
LC STN Files: BEILSTEIN*, CA, CAPLUS, CASREACT, CHEMINFORMRX, TOXCENTER
(*File contains numerically searchable property data)

Absolute stereochemistry.

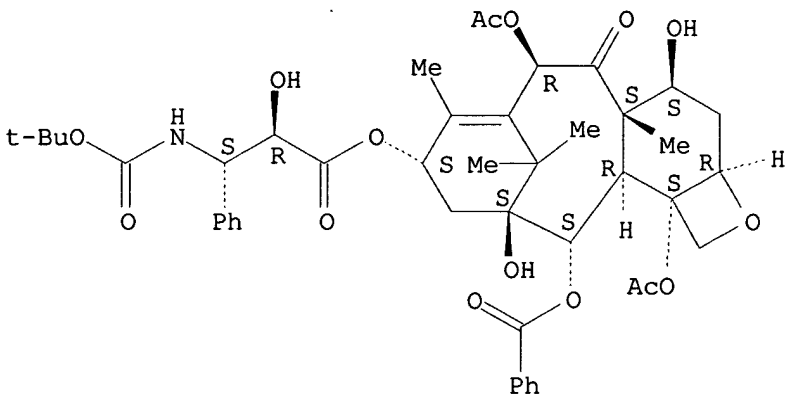


10 REFERENCES IN FILE CA (1907 TO DATE)
10 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L13 ANSWER 11 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 125354-16-7 REGISTRY
ED Entered STN: 16 Feb 1990
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, (2aR,4S,4aS,6R,9S,11S,12S,12aR,12bS)-6,12b-bis(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,11-dihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, (αR,βS)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 7,11-Methano-1H-cyclodeca[3,4]benz[1,2-b]oxete, benzenepropanoic acid deriv.
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, 6,12b-bis(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,11-dihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4β,4aβ,6β,9α(αR*,βS*),11α,12α,12aα,12bα]]-
OTHER NAMES:
CN 10-Acetyldocetaxel
CN 10-Acetyltaxotere
CN Docetaxal
CN PNU 101383
FS STEREOSEARCH
DR 158778-63-3

MF C45 H55 N O15
SR CA
LC STN Files: BEILSTEIN*, BIOSIS, CA, CAPLUS, CASREACT, CIN, TOXCENTER, USPAT2, USPATFULL
(*File contains numerically searchable property data)

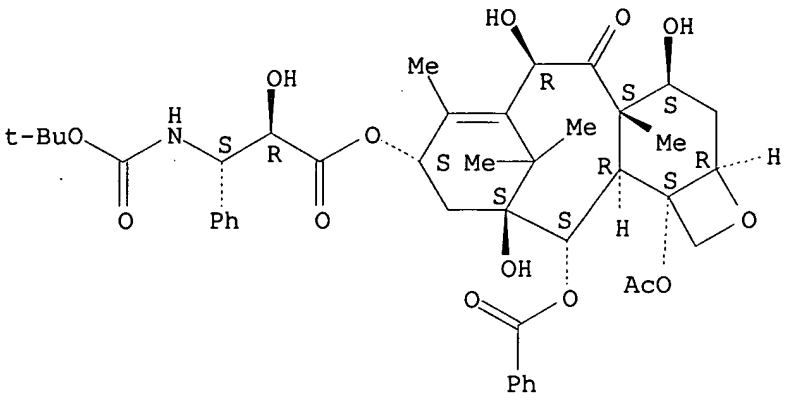
Absolute stereochemistry.



46 REFERENCES IN FILE CA (1907 TO DATE)
2 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
46 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L13 ANSWER 12 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 114977-28-5 REGISTRY
ED Entered STN: 25 Jun 1988
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, (2aR,4S,4aS,6R,9S,11S,12S,12aR,12bS)-12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,11-trihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, (αR,βS)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 7,11-Methano-1H-cyclodeca[3,4]benz[1,2-b]oxete, benzenepropanoic acid deriv.
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, 12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-4,6,11-trihydroxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4β,4aβ,6β,9α(αR*,βS*),11α,12α,12aα,12bα]]-
OTHER NAMES:
CN Docetaxel
CN Docetaxol
CN N-Debenzoyl-N-tert-butoxycarbonyl-10-deacetyltaxol
CN RP 56976
CN Taxotere
FS STEREOSEARCH
DR 216252-50-5
MF C43 H53 N O14
CI COM
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CAPLUS, CASREACT, CBNB, CHEMCATS, CHEMINFORMRX, CIN, CSCHEM, DDFU, DRUGU, EMBASE, HSDB*, IMSCOSEARCH, IMSDRUGNEWS, IMSPATENTS, IMSRESEARCH, IPA, MEDLINE, MRCK*, MSDS-OHS, PATDPASPC, PHAR, PIRA, PROMT, PROUSDDR, PS, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
(*File contains numerically searchable property data)

Absolute stereochemistry.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

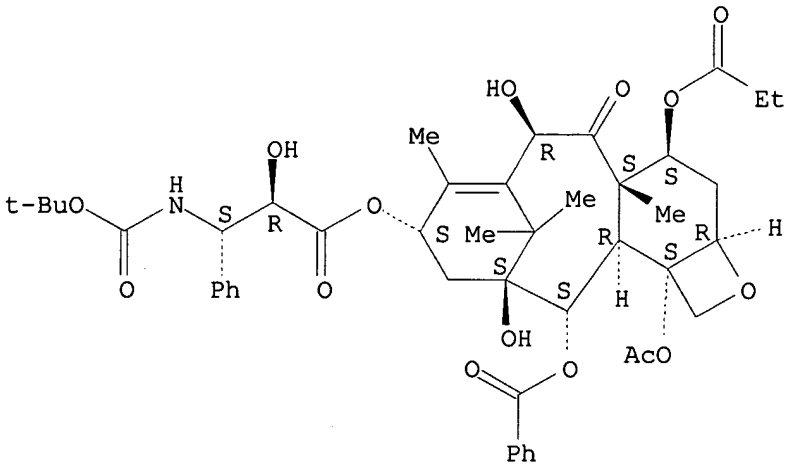
3157 REFERENCES IN FILE CA (1907 TO DATE)
123 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
3176 REFERENCES IN FILE CAPLUS (1907 TO DATE)

=> s taxotere
L13 12 TAXOTERE

=> d 1-12

L13 ANSWER 1 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 352425-47-9 REGISTRY
ED Entered STN: 23 Aug 2001
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, (2aR,4S,4aS,6R,9S,11S,12S,12aR,12bS)-12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-6,11-dihydroxy-4a,8,13,13-tetramethyl-5-oxo-4-(1-oxopropoxy)-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, (αR,βS)- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN Taxotere 7-propionate
CN TL 139
FS STEREOSEARCH
MF C46 H57 N O15
SR CA
LC STN Files: CA, CAPLUS, TOXCENTER

Absolute stereochemistry.

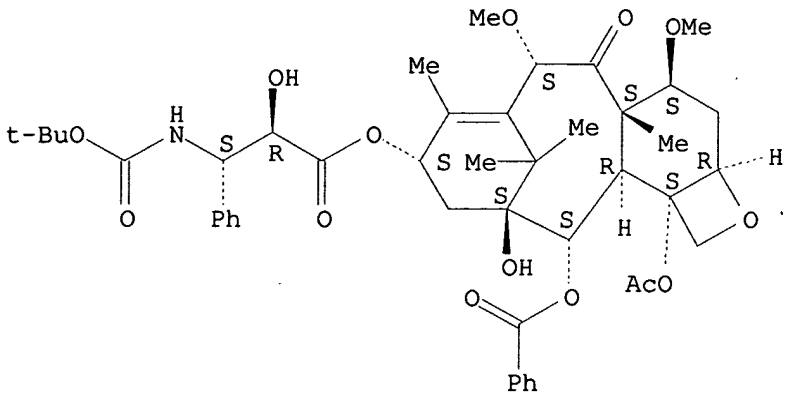


3 REFERENCES IN FILE CA (1907 TO DATE)
3 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L13 ANSWER 2 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 195822-16-3 REGISTRY
ED Entered STN: 22 Oct 1997
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, 12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-11-hydroxy-4,6-dimethoxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4β,4aβ,6α,9α(αR*,.beta.S*),11α,12α,12aα,12bα]]- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 7,10-Dimethyl-10-epi-taxotere
FS STEREOSEARCH
MF C45 H57 N O14
SR CA

LC STN Files: CA, CAPLUS, TOXCENTER, USPATFULL

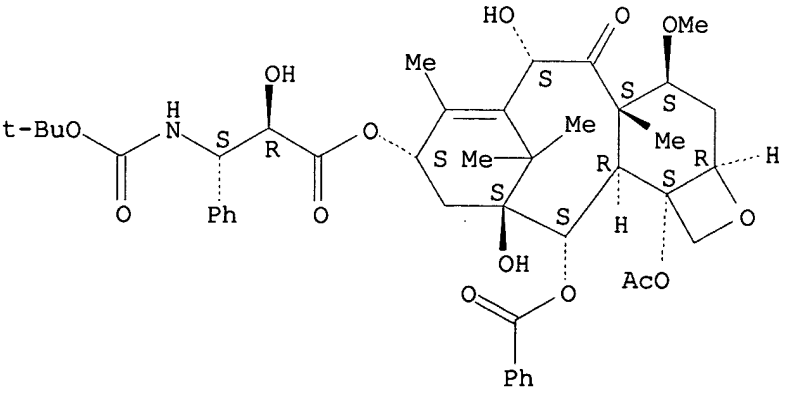
Absolute stereochemistry.



1 REFERENCES IN FILE CA (1907 TO DATE)
1 REFERENCES IN FILE CAPLUS (1907 TO DATE)

L13 ANSWER 3 OF 12 REGISTRY COPYRIGHT 2006 ACS on STN
RN 195822-15-2 REGISTRY
ED Entered STN: 22 Oct 1997
CN Benzenepropanoic acid, β-[[(1,1-dimethylethoxy)carbonyl]amino]-α-hydroxy-, 12b-(acetyloxy)-12-(benzoyloxy)-2a,3,4,4a,5,6,9,10,11,12,12a,12b-dodecahydro-6,11-dihydroxy-4-methoxy-4a,8,13,13-tetramethyl-5-oxo-7,11-methano-1H-cyclodeca[3,4]benz[1,2-b]oxet-9-yl ester, [2aR-[2aα,4β,4aβ,6α,9α(αR*,.beta.S*),11α,12α,12aα,12bα]]- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 7-Methyl-10-epi-taxotere
FS STEREOSEARCH
MF C44 H55 N O14
SR CA
LC STN Files: CA, CAPLUS, TOXCENTER, USPATFULL

Absolute stereochemistry.



1 REFERENCES IN FILE CA (1907 TO DATE)
1 REFERENCES IN FILE CAPLUS (1907 TO DATE)

COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 005 General Pathology and Pathological Anatomy
018 Cardiovascular Diseases and Cardiovascular Surgery
023 Nuclear Medicine
037 Drug Literature Index
LANGUAGE: English
ENTRY DATE: Entered STN: 14 Jun 2001
Last Updated on STN: 14 Jun 2001
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

=> file reg

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	83.06	357.67

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-0.75	-0.75

FILE 'REGISTRY' ENTERED AT 21:14:53 ON 16 JUL 2006

Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 14 JUL 2006 HIGHEST RN 892755-86-1
DICTIONARY FILE UPDATES: 14 JUL 2006 HIGHEST RN 892755-86-1

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http://www.cas.org/ONLINE/UG/regprops.html

=> s taxotere